AAACN Core Curriculum for Ambulatory Care Nursing, 4th Edition
2021 Content Review Crosswalk

Chapter	Location	Updated Content	New Content Reference
1 - Overview: Specialty of Ambulatory Care Nursing	p. 6, col 1, d.1	*Clinical nurse* is a member of an interprofessional team providing care and support in the office, school, community or residential settings through in-person or telehealth modalities	
	p. 9, col 2, D.	Four domains of practice identified for the exam. 1. *Assess and Evaluate*: Includes knowledge related to disease process (acute and chronic), medications, preventive care/health promotion, and expected outcomes) and skill related to triage (in-person, virtual, telehealth), physical and psychosocial assessment, and clinical data interpretation. 2. *Plan and Implement*: Includes knowledge of care coordination and disease specific interventions and skills related to clinical tasks (such as point of care testing, procedures, wound care) 3. *Professional Role*: includes knowledge related to scope and standards of practice, professional development, and fiscal health (reimbursement, resource allocations, billable services), and skill related to patient, family, and staff advocacy, leadership, safety and security (incident reporting, disaster training, rounds, root causes analysis 4. *Education*: Includes knowledge related to modes of education delivery, diverse populations, and communication barriers (language, technology, cognitive/sensory disabilities, health literacy), and skill related to professional communication (building trust, therapeutic communication, conflict resolution	https://www.nursingworld.org/~4a80f8/globalassets/certification/certification-specialty-pages/resources/test-content-outlines/exam-32-acn-tco-for-web-posting-new-launch-date.pdf
	p. 10, section IV through B p. 11	The 2021 National Academy of Medicine report *The Future of Nursing 2020-2030, Charting a Path to Achieve Health Equity* challenged the nursing profession to partner with other disciplines and sectors to leverage opportunities to address significant health and social challenges. This report identifies the duty that nurses have, regardless of the health care sector in which they work, to address social determinants of health (SDOH) and to help achieve health equity. The report has 9 recommendations: 1. Challenge to all nursing organizations to initiate actions to address SDOH, including practice, education, leadership, and health policy initiatives. Leveraging partnerships, including public, private, and governmental, is urged. 2. Encourages state and governmental agencies, health care and public health organizations, payers, and foundations to support and enable nursing to advance issues related to SDOH.	National Academies of Sciences, Engineering, and Medicine (2021). *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington, D.C.: The National Academies Press. https://doi.org/10.17226/25982

		3. Requests all nursing leaders to initiate structures, systems and evidence-based interventions that promote nurse health and well-being. 4. Address the importance of all organizations to enable nurses to practice to the full extent of their education and training removing any barriers that restrict them from addressing SDOH 5. Requests all federal, tribal, state, local and private payers establish sustainable funding streams that support nurses in addressing social needs and SDOH 6. Challenges all public and private health care systems to incorporate nursing expertise in systems designed to address health equity and SDOH. 7. Encourages nursing education program, accreditors of programs, and National Council of State Boards of Nursing to ensure nurses are prepared to address SDOH and issues related to health equity. 8. Urges key stakeholders within and outside of the nursing community to strengthen nursing's ability to respond to public health emergencies, pandemic, and natural disasters. 9. Recommends governmental, public, and private agencies collaborate with nursing, public health, and other disciplines to develop and fund a research agenda and evidence based on the impact of nursing interventions related to SDOH, environmental health, health equity, and nurses' health and well being	
	p.14, col 2, C.	Acronyms: PCMH = Patient-Centered Medical Home ACO = Accountable Care Organization PACT = Patient Aligned Care Teams	
		<u>Outdated References</u> **Replaced references**: Haas, S. (2006). Ambulatory care specialty nursing practice. In C.B. Laughlin (Ed.). *Core curriculum for ambulatory care nursing* (2nd ed., pp. 3-12). Pitman, NJ: AAACN. → replace with → Brixey, L., & Newman, C.A. (Eds.). (2018). Ambulatory care nursing orientation. Pittman, NJ: American Academy of Ambulatory Care Nurses. Mastal, M. (2010). Ambulatory care nursing: Growth as a specialty. *Nursing Economic$, 28*(4), 267-269, 275. → replace with → Brixey, L., & Newman, C.A. (Eds.). (2018).	

		Ambulatory care nursing orientation. Pittman, NJ: American Academy of Ambulatory Care Nurses. **Removed references:** American Academy of Ambulatory Care Nursing (AAACN), American Nurses Association (ANA). (1997). *Nursing in ambulatory care: The future is here.* Washington, DC: American Nurses Publishing. Haas, S. (1998). Ambulatory care conceptual framework. Viewpoint, 20(3), 16-17.	
2 – Professional Communication		**Outdated References** **Replaced references:** Carels, R. A. Darby, L. Cacciapagaglia, H.M., Konard, K., Coit, C., Harper, J., … Versaland, A. (2007). Using motivational interviewing as a supplement to obesity treatment: A stepped care approach. *Health Psychology, 26(*3), 369-374.--> replace with → Christie, D., & Channon, S. (2014). The potential for motivational interviewing to improve outcomes in the management of diabetes and obesity in paediatric and adult populations: A clinical review. *Diabetes, Obesity and Metabolism 16,* 381–387. [AND] Caccavale, L. J. , LaRose, J.G., Mazzeo, S.E. , & Bean, M.K. (2020). An examination of adolescents' values in a motivational interviewing-based obesity intervention. *American Journal of Health Behavior, 44(*4), 526-533. https://doi.org/10.5993/AJHB.44.4.13 Carter, L. M., & Rukholm, E. (2008). A study of critical thinking, teacher-student interaction, and discipline-specific writing in an on-line educational setting for registered nurses. *Journal of Continuing Education in Nursing, 39*(3), 133-138. → replace with → Li, S., Ye, X., & Chen, W. (2019). Practice and effectiveness of "nursing case-based learning" course on nursing student's critical thinking ability: A comparative study. *Nurse Education Practice, 36,* 91-96. https://doi.org/10.1016/j.nepr.2019.03.007 Carter, M. Trust, power, and vulnerability: A discourse on helping nursing. *Nursing Clinicals of North America, 44*(4), 393-405. —> replace with → Ko, Y-Y., Yu, S., & Jeong, S.H. (2020). Effects of nursing power and organizational trust on nurse's responsiveness and orientation to patient needs. *Nursing Open; Hoboken, 7*(6), 1807-1814. Levey, S. & Heyes, B. (2012). Information systems that support effective clinical decision making. *Journal of Nursing Management, 19*(7), 20-22. → replace with → The use of	

		electronic devices for communication with colleagues and other healthcare professionals - nursing professionals' perspectives. *Journal of Advanced Nursing 71*(3), 620–631. doi:10.1111/jan.12529 O'Gara, P., & Fairhurst, W. (2004). Therapeutic communication part 2: Strategies that can enhance the quality of the emergency care consultation. *Accident and Emergency Nursing, 12*(3), 185-188. → replace with → Sharma N, Gupta V. (2021, May). Therapeutic communication. In *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK567775/ Prochaska, J.O., & DiClemente, C. C. (1992). Stages of change in the modification of problem behaviors. *Progress in Behavioral Modification, 28,* 183-218. → replace with → Raihan, N., & Cogburn M. (2021, mar 3). Stages of change theory. In *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing. Retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK556005/ Ruesch, J. (1961). Therapeutic communication. New York, NY: W.W. Norton and Company. → replace with → Xue, W., & Miller, C. H. (2019). Therapeutic communication within the nurse–patient relationship: A concept analysis. *International Journal of Nursing Practice, 27*(6), e12938. https://doi-org.ezproxy.rowan.edu/10.1111/ijn.12938 The Joint Commission. (2010). *Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals.* Oakbrook Terrace, IL: Author. → sentinel publication (keep) and ADD → Joint Commission, The. (2021). *Patient-centered communications.* Retrieved from https://www.jointcommission.org/resources/news-and-multimedia/fact-sheets/facts-about-patient-centered-communications/ **Removed references:** Epstein, R., & street, Jr., R. L. (2007). *Patient-centered communication in cancer care: Promoting healing and reducing suffering* (NIH Publication No. 07-6225). Bethesda, MD: National Cancer Institute. Kirk, A., Murtie, N., MacIntyre, P., & Fischer. M. (2004). Promoting and maintaining physical activity in persons with diabetes. *American Journal of Preventive Medicine, 27*(4), 289-296).	
3 – Ethics and Advocacy	p. 27, col 2, B-4	Delete statement	

		<u>Outdated References</u> **Replaced references:** Jameton, A. (1984). *Nursing practice: The ethical issues.* Englewood Cliffs, NJ: Prentice-Hall. → replace with → Scott, P.A. (Ed.). (2017). *Key concepts and issues in nursing ethics.* Springer. doi: /10.1007/978-3-319-49250-6 Murray, J.S. (2010). Moral courage in healthcare: Acting ethically even in the presence of risk. *The On-line Journal of Issues in Nursing, 15*(3). → replace with → Robichaux, C. (2017). *Ethical competence in nursing practice: Competencies, skills, decision-making.* Springer Publishing. Parker, F.M., Lanzeby, R.B., & Brown, J. L. (2013). The relationship of moral distress, ethical environment and nurse job satisfaction. *Online Journal of Health Ethics, 10*(1). → replace with → Rushton, C.H., Schoonover-Shoffner, K., & Kennedy M.S. (2017). Executive Summary: Transforming moral distress into moral resilience in Nursing. *American Journal of Nursing, 117*(2), 52- 56. [AND] Parsh, S. (2021). What is moral distress? *Nursing, 51*(11), 19-21. DOI:10.1097/01.NURSE.0000791748.26732.35 Levine-Ariff, J., & Groh, D. (1990). Creating an ethical environment. *Nurse Manager's Bookshelf, 2*(1). → replace with → Robichaux, C. (2017). *Ethical competence in nursing practice: Competencies, skills, decision-making.* Springer Publishing Company. Retrieved from https://ebookcentral.proquest.com/lib/rowan/reader.action?docID=4675528&ppg=73 **Removed references:** Curtin, L. (2010). Ethics for nurses in everyday practice. *American Nurse Today, 5*(2).	
4 – Leadership and Professional Development		**No updates**	
5 – Ambulatory Care Operations	p. 50, col 2, d. (1) and (2)	(1) – add (d) off-site staff providing virtual care. (2) - add (d) private spaces to conduct virtual visits.	
	p. 52, col 2, 4 (2)	Add Coronavirus 2 (SARS-CoV2) to list of airborne diseases	

	p. 52 & 53	Add COVID information - Coronavirus 2 (SARS-CoV2) is part of a family of viruses that can cause illnesses such as the common cold, severe respiratory syndrome (SARS) and Middle East Respiratory Virus (MERS). The disease this virus causes is coronavirus 2019 (COVID-19). Social distancing, hand hygiene, personal protective equipment and universal masking, and environmental and equipment disinfection make up a bundle of infection prevention strategies that apply to all infectious diseases, are even more important in the COVID-19 era. Consult institutional guidelines and national guidelines for direction regarding protecting yourself or others from the spread of COVID-19.	COVID-19: How to Protect Yourself and Others. (November 29, 2021). Retrieved 12-3-2021 from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fyour-health%2Fneed-to-know.html
		<u>Outdated References</u> **Replaced references:** Centers for Disease Control and Prevention (CDC). (2002). Guideline for hand hygiene in health care settings. *Morbidity and Mortality Weekly Report, 51* (RR-16). 1-56. —> replace with → Loveday, H. P. , Tingle, A. & Wilson, J. A. (2021). Using a multimodal strategy to improve patient hand hygiene. *American Journal of Infection Control, 49* (6), 740-745. doi: 10.1016/j.ajic.2020.12.011. [AND] Centers for Disease Control and Prevention (2021). *Handwashing: Clean hands save lives.* Retrieved from https://www.cdc.gov/handwashing/when-how-handwashing.html Rutala, W.A. Webere, D.J. & the Healthcare Infection Control Practices Advisory Committee (HICPAC). (2008). *Guidelines for disinfection and sterilization in healthcare facilities.* Atlanta, GA: Centers for Disease Control and Prevention. → replace with → Ross, S., & Furrows, S. (2014). *Rapid infection control.* John Wiley & Sons.	

6 – Health Care Fiscal Management	p. 63, col. 2, c.	Add Second paragraph: ICD-11 - The World Health Organization expects to launch ICD-11 January, 2022. This revision culminates a transformation of the world-wide classification system that will allow for systematic review of mortality and morbidity data across countries and regions and allow full digital implementation beyond collection of data, but also providing decision support, and guidelines to support use.	World Health Organization International Statistical Classification of Diseases and Related Health Problems (ICD) (2021). Retrieved 12-09-2021 from https://www.who.int/standards/classifications/classification-of-diseases
		Outdated References **Replaced references:** Institute of Medicine (IOM). 2001. *Crossing the quality chasm: A new health system for the 21st century.* Washington DC: The National Academies Press. → replace with → Tymitz K., Lidor A., Lidor A. (2012). The Institute of Medicine: Crossing the Quality Chasm. In D.M. Tichansky, & D. Jones (Eds.). *The SAGES Manual of Quality, Outcomes and Patient Safety.* Springer, Boston, MA. https://doi.org/10.1007/978-1-4419-7901-8_37 Institute of Medicine (IOM). (2011). *The future of nursing: Leading the change, advancing health.* Washington DC: The National Academies Press. → replace with→ Flaubert, J.L., Le Menestrel, S., Williams, D.R., & Wakefield, M.K. (Eds.). (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity.* Washington DC: The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK573914/ doi: 10.17226/25982	
7 – Legal Aspects of Ambulatory Care Nursing	p.n83, Col 1, V.A-1(b) p. 83, Col 2, V. A-2(b)	ADD- to citation (Pate, 2017a, p.12; Brouse, 2019a). ADD citation to *"Examples of a breach of duty to care"* (Brous, 2019b):	Brous, E. (2019a). The elements of a nursing malpractice case, Part 1: Duty. *American Journal of Nursing, 119*(7):64-67. doi: 10.1097/01. NAJ.0000569476.17357.f5. Brous, E. (2019b). The elements of a nursing malpractice case, Part 2: Breach: Duty. *American*

			Journal of Nursing,119 (9), p 42–46. DOI: 10.1097/01.NAJ.0000580256.10914.2E
	p. 83, Col 2, V-3	ADD citation to "The patient suffered damages (Brous, 2020), such as: "	Brous, E. (2020). The elements of a nursing malpractice case, Part 4: Harm. *American Journal of Nursing, 120* (3), p 61–64. DOI: 10.1097/01.NAJ.0000656360.21284.50]
	p. 84, Col 1, B-2-a. & b.	Remove both sections and replace with → 2. Most claims do not result in litigation. According to Cypher (2020): a. A tort is a form of civil law that addresses an act or omission that causes injury or harm. b. There are three categories of tort: (1) intentional, (2) strict, and (3) negligence. A deliberate act or omission against an individual, is an intentional tort. A strict tort involves injury resulting from creating and marketing a defective product. A tort of negligence is a wrongful or unreasonably unsafe act committed by someone leading to injury of another individual; it is a failure to meet a standard. c. Negligence is a medical malpractice claim established by satisfying four fundamental criteria (1) a professional duty owed to a patient, (2) breach of that duty, (3) a causal connection due to the breach, resulting in (4) injuries or damages. **Outdated References** **Replaced references:** American Nurses Association (ANA) and the National Council of State Board of Nursing (NCSBN) (2005). *Joint Statement on Delegation.* → replace with → National Council of State Boards of Nursing (NCSBN). (2016). National guidelines for nursing delegation. *Journal of Nursing Regulation, 7*(1), 5-14. https://www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf [AND] National Council of	Cypher, R.L. (2020). Demystifying the 4 elements of negligence. *Journal of Perinatal & Neonatal Nursing, 34*(2), 108-109. DOI: 10.1097/JPN.0000000000000479

		State Board of Nursing (NCSBN). (2019). *National guidelines for nursing delegation*. [Position paper]. American Nurses Association. https://www.ncsbn.org/NGND-PosPaper_06.pdf [AND] Barrow, J. M., & Sharma, S. (2021). Five rights of nursing delegation. *StatPeals. [Internet].* Treasure Island, FL: StatPearls Publishing. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK519519/?report=printable Atchison, D., Dabelstein, L., Kuhn, A.M., Murphy, R. Thomas, J., West, S.J., & Youngberg, B.J. (2001). *Nursing-legal survival: A risk management guide for nursing.* Oak Brook, IL: University Health System Consortium. → replace with → King, C.A. (2017). Clinical ethics: Patient and provider safety. *Association of Perioperative Nurses Journal:AORN,* 106(6):548–551. DOI: 10.1016/j.aorn.2017.10.003 Equal Employment Opportunity Commission (EEOC). (n.d.). *EEOC regulations.* Retrieved from www.eeoc.gov/laws/regualtions –replace web address with → https://www.eeoc.gov/eeoc-regulations Haag-Heitman, B., & George, V. (2010). *Peer review in nursing: Principles for successful practice.* Sudbury, MA: Jones & Bartlett Publishing. → replace with → Whitney, K., Haag-Heitman, B., Chisholm, M., & Gale, S. (2016). Nursing peer review perceptions and practices: A survey of chief executives. *The Journal of Nursing Administration, 46* (10), p.541-548.DOI: 10.1097/NNA.0000000000000399 Hisckson, G.B., & Jenkins, A.D. (2007). Identifying and addressing communication failures as a means of reducing unnecessary malpractice claims. *NC Medicine Journal, 68*(5), 68. → replace with → *Gleason, K. T., Jones, R., Rhodes, C., Greenberg, P., Harkless, G., Goeschel, C., Cahill, M., & Graber, M. . (2021).* Evidence that nurses need to participate in diagnosis: Lessons from malpractice claims. *Journal of Patient Safety* 2020, 17(8), e959-e963. DOI: 10.1097/PTS.0000000000000621 Iyer, P. Levin, B. Ashton, K., & Powell, V. (Eds.). (2011). *Nursing malpractice, 4th edition.* Tuscon, AZ: Lawyers and Judges Publishing Company. → replace with → Cypher, R.L. (2020). Demystifying the 4 elements of negligence. *Journal of Perinatal & Neonatal Nursing, 34*(2), 108-109. DOI: 10.1097/JPN.0000000000000479	

		Moore, C. (2005). Not my job: The legal perspectives of updating job descriptions. Retrieved from http:blogs/hcpro.com/nursemanagers/2015/06/not-my-job-the-legalperspective-on-uodating-job-descritpions/ → replace with → *Gleason, K. T., Jones, R., Rhodes, C., Greenberg, P., Harkless, G., Goeschel, C., Cahill, M., & Graber, M. . (2021).* Evidence that nurses need to participate in diagnosis: Lessons from malpractice claims. *Journal of Patient Safety* 2020; 17(8): e959-e963. DOI: 10.1097/PTS.0000000000000621	
8 – Documentation and Informatics	p. 102, col 2, VI., first paragraph	After (Salantera, 2015) add: *Healthcare documentation encompasses the decisions, actions, and revisions related to the plan of care based on documentation from multidisciplinary team members and demonstrates a high degree of collaboration among health care team members. Nursing documentation is the process of creating a record of accurate, detailed information that represents the extent and quality of patient care delivered, the outcome of care, as well as the treatment provided, and the education that was understood and in some instances is still needed by the patient (Stout, 2018).* *Nursing documentation provides the evidence that you have fulfilled your responsibilities by meeting specific standards of care. It is accessible by other members of the health care team including reviewers from accrediting, certifying, and licensing organizations; performance-improvement monitors; peer reviewers; Medicare, Medicaid and other insurance company reviewers; researchers and teachers.* *Ambulatory nursing documentation (1) provides communication among multidisciplinary care professionals, (2) is used as a measure for evaluating appropriate actions., (3) provides legal evidence that can protect you, (4) aids research and education, (5) assists facilities in obtaining and maintaining accreditation and licensure, and (6) justifies reimbursement requests. In addition, nursing documentation identifies the need for quality improvement and indicates compliance with the state nurse practice act. …**THEN continue with** the rest of the current paragraph.* remove (2009 reference) → change statement to: *Ambulatory care nursing professionals document for the following reasons: **THEN continue with the list.***	Stout, Kate. Nursing Documentation Made Incredibly Easy, Wolters Kluwer, 2018. ProQuest Ebook Central.

	p. 102, col 2, VI-A	**Outdated References** **Replaced references:** Sackett, D.L., Stauss, S.E., Riichardson, W.S., Rosenberg, W.M.C.,& Hayes, R.B. (2000). *Evidence-based medicine: How to practice and teach EBM.* London, England: Churchill Livingston. Replace with → Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing & health care: A guide to best practice, 3rd edition.* Wolters Kluwer. Clark, J, & Lang, N. (1992). Nursing's next advance: An internal classification for nursing practice. *International Nursing Review, 39*(4), 109-111, 128. → Keep as sentinel reference and ADD → Herdman, T.H. & Kamitsuru, S. (Eds.)., & NANDA International, Inc. (2014). *Nursing diagnoses: Definitions & classification 2015-2017, 10th edition*. Oxford, NJ: Wiley-Blackwell. Di Leonardi, B.C. (2009). *Professional documentation: Safe, effective and legal.* Retrieved from https://lms.rn.com/getpdf.php/1939.pdf . Replace with → American Nurses Association (ANA). (2010). *ANA's principles for nursing documentation: Guidance for registered nurses.* Author. Donnelly, W.J. Patient centered care requires a patient centered medical record. *Academic Medicine, 10*(1), 33-38. Replace with → Johnson , T., Lenten, C.V., & Beach, A. (2020). No rest for the Weary: Amidst the pandemic insurers and Hospitals to create new pathways for sharing medical records to advance patient-centered care. *Journal of Health Care Compliance, 22*(5), 13-16,60-61. Garvon, J.H., Jones, T.D., Washington, L., & Weeks, C. (2009). Data collections and reporting for healthcare disparities. *Journal of AHIMA: American Health Information Management Association, 80*(4), 40-43. → Replace with → Agency for Healthcare Research and Quality (AHRQ). (2018, May). *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement: 5. Improving Data Collection across the Health Care System.* Rockville, MD.: Author. Retrieved from https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata5.html	

		Grave's, J.R., & Crcoran-Perry, S. (1996). The study of nursing informatics. *Holistic Nursing Practice, 11*(1), 15-24. Replace with → American Nurses Association (ANA). (2014). *Nursing Informatics: Scope and Standards of Practice, 2nd Ed.* Author. Hyun, S., Johnson, S.B., & Bakken, S. (2009). Exploring the ability of natural language processing to extract data from nursing narratives. *CIN:Computers, Informatics, Nursing, 27*(4), 215-223. doi:10.1097/NCN.0b013e3181a91b58 → Replace with → Galatzan, B.J., Carrington, J.M., & Gephart, S. (2021). Testing the use of natural language processing software and content analysis to analyze nursing hand-off text data. *CIN: Computers, Informatics, Nursing, 39*(8): 411-417. DOI: 10.1097/CIN.0000000000000732 Institute of Medicine (IOM). (2009). *Beyond the HIPAA privacy rule; Enhancing privacy, improving health through research.* Washington, DC: The National Academies Press. → Replace with → Department of Health and Human services, (2013). New rule protects patient privacy, secures health information. *Federal Register, 78*(17), 5566-5702. Retrieved from https://www.govinfo.gov/content/pkg/FR-2013-01-25/pdf/2013-01073.pdf National Research Council. (2009). *Toward better usability, security and privacy of information technology: Report of a workshop.* Washington, DC: The National Academies Press. → Replace with→ Mamlin, B., & Tierney, W. (2016). The promise of information and communication technology in healthcare: Extracting value from the chaos. *The American Journal of the Medical Sciences,351*(1): 59–68. Joint Commission.(2012). *Standards for ambulatory care.* Oakbrook Terrace, IL.: Author. → Use 2016 Joint Commission reference. Wereley, H.h., Devine, E.C., Zorn, C.R., Ryan, P., & Westra, B.L. (1991). The nursing minimum data set: Abstraction tool for standardized, comparable, essential data. *American Journal of Public Health, 81*(4), 421-426. → Replace with → Halloran, E.J., & Halloran, D. (2015). Nurses' own recordkeeping: The nursing minimum data set revisited. *CIN: Computers, Informatics, Nursing, 33*(11), p 487–494. DOI: 10.1097/CIN.0000000000000187	

		American Nurse Association (ANA). (2008). *Nursing informatics: Scope and standards of practice.* Silver Springs, MD. Author. Replace with → American Nurses Association (ANA). (2014). *Nursing Informatics: Scope and Standards of Practice, 2nd Ed.* Author. [AND] Harrington, L. (Ed.). (2015). American Nurses Association releases new Scope and Standards of Nursing Informatics Practice. *AACN Advanced Critical Care, 26* (2), 93-96. doi: 10.1097/NCI.0000000000000065.	
9 – Patient Safety and Regulatory Compliance	p. 112, IV	Replace this section's current text A, B, C and reference with → *Organizational culture drives patient safety programs. Improvements center on three actionable items: (1) measurement, (2) intervention, and (3) prevention (Pestotnick & Lemon, 2019).* *The health system and/or its ambulatory care setting must first identify and describe (measure) the safety issue, act to help the patient (intervene), and avoid similar events in the future (prevent).* *Creating a culture of patient safety requires increasing awareness and trust.* ● *Culture: Patient- and family-centered care, leadership, teamwork, frontline staff burnout, and economic impact of culture.* ● *Process: Organizational fairness, reliability, and process improvement.* ● *Technology: healthcare information technology (IT); an enterprise data warehouse [EDW], data analytics, decision support, etc).* *All-cause harm is a cultural value. It entails 'a just culture', where employees feel safe enough to voluntarily report adverse events and preventable errors. An organization that is a learning system, centers itself around safety and addresses all factors in culture, process, and technology (*Ammouri et al., 2015). *A culture of safety reduces preventable medical errors. Transparency allows for the open discussion of safety risks with patients and families and puts into place prevention and mitigation strategies. Patient engagement outweighs compliance with guidelines and checklists. Real engagement is more than checking a box on a checklist. It involves determining whether the patient understood how to take their medication and risks associated with missing doses or dangerous interactions. Transparency that extends to the healthcare professional is essential. A culture of shame and blame takes advantage in*	Pestotnick, S., & Lemon, V. (2019, April 30). *How to use data and quality to improve patient safety.* Health Catalyst. Retrieved from https://www.healthcatalyst.com/insights/use-data-improve-patient-safety/ [AND] Agency for Healthcare Research and Quality. (2019, August). *The CUSP Method.* Rockville, MD.:Author. Retrieved from https://www.ahrq.gov/hai/cusp/index.html Ammouri, A. A., Tailakh, A. K., Muliira, J. K., Geethakrishnan, R., & Al Kindi, S. N. (2015). Patient safety culture among nurses. *International Nursing Review, 62,* 102-110. DOI: 10.1111/inr.12159 AHRQ Subcommittee of the National Advisory Council on

		ascribing blame, rather than addressing the adverse event or taking preventive measures. To achieve this level of organizational transparency requires cultural intervention that includes buy-in from senior leadership to promote teamwork, collaboration, and communication, and avoid isolation and fragmentation (Pestotnick & Lemon, 2019; AHRQ,2019). **Outdated References** **Replaced references:** American Nurses Association (ANA). (2010). Just culture position statement. Retrieved from https://www.nursingworld.org/~4afe07/globalassers/practiceandpolicy/health-and-safety/just_culture.pdf → dead link, replace with → Foslien-Nash, C., & Reed, B. (2020). Just Culture Is Not "Just" Culture-It's Shifting Mindset. *Military Medicine 185*(Supplement_3):52-57. DOI: 10.1093/milmed/usaa143 [AND] Agency for Healthcare Research and Quality. (2016). *Safety Culture.* Retrieved from https://psnet.ahrq.gov/primers/primer/5 [AND] Ammouri, A. A., Tailakh, A. K., Muliira, J. K., Geethakrishnan, R., & Al Kindi, S. N. (2015). Patient safety culture among nurses. *International Nursing Review, 62,* 102-110. Institute of Medicine (IOM). (2000). *To err is human. Building a safer health system.* Washington, DC: National Academies Press. → Replace with → Adelman, J. (2019, May/June). High-reliability healthcare: Building safer systems through just culture and technology. *Journal of Healthcare Management, 64*(3), 137-141. [AND] Agency for Healthcare Research and Quality (AHRQ). (2013). *Efforts to improve patient safety result in 1.3 million fewer patient harms.* Retrieved July 9, 2017, from https://www.ahrq.gov/professionals/quality-patient-safety/pfp/interimhacrate2013.html	Healthcare Quality Measurement: Executive Summary, AHRQ, 2019.
10 – The Nursing Process in Ambulatory Care		**Outdated References** **Replaced references:** American Nurses Association (ANA). (2010). *Nursing: A common thread among all nurses. Nurse's social policy statement (2nd. ed).* Silver springs, MD: Author. → Replace with → Sepasi, R.R., Abbaszadeh, A., Borhani, F., & Rafiei, H. (2016). Nurses' perceptions of the concept of power in nursing: A qualitative research. *Journal of Clinical and Diagnostic*	

		Research, 10(12): LC10-LC15. [AND] Fowler, M. (2016). Nurse's code of ethics, social ethics, and social policy. *The Hastings Center Report, 46*(S1), p.S9-S12. Paul, R., & Elder, L. (2006). *The miniature guide to critical thinking: Concepts and tools (4th ed).* Retrieved from https://www.criticalthinking.org/files/Concepts_Tools.pdf → Delete Replace with → Papathanasiou, I.V., Kleisiaris, C.F., Fradelos, E.C., Kakou, K., Kourkouta, L., & Nursing Department, Technology. (2014). Critical thinking: The development of an essential skill for nursing students. *Acta Informatica Medica, 22*(4): 283-286. doi: 10.5455/aim.2014.22.283-286 Zwar, N. Harris, M. Griffiths, R., Roland, M., Dennis, S., Powell Davis, G., & Hasan, A.I. (2006). *A systematic review of chronic disease management.* Sydney, AS: University of New South Wales. Retrieved from https://openresearch-repository.anu.edu.au/bitstream/1885/119226/3final_25_zwar_pdf_85791.pdf → Replace with → Reynolds, R., Dennis, S., Hasan, I., Slewa, J., Chen, W., Tian, D., Bobba, S., & Zwar, N. (2018). A systematic review of chronic disease management interventions in primary care. *BMC Family Practice, 19*(1):11. doi: 10.1186/s12875-017-069	
11 – Procedures and Technical Skills in Ambulatory Care Nursing	p. 129, I. Point of Care Testing p. 130, col 2, B-1 p. 131 new B section	Replace: "drugs of abuse testing" with "*urine drug screens"* **drugs of abuse testing** Background: Remove 2nd sentence as this does not refer to POCT Purpose: add "as well as inconsistent drugs and metabolites" after "…and white blood cells". Correct last sentence to: Identifying these abnormalities…., such as early detectionof a urinary tract infection, without waiting for laboratory confirmation (Wein et al., 2016). B. SARS-CoV2 testing There are a several different types of tests and collection methods used for COVID-19 testing. Follow institutional and CDC guidelines when choosing testing types and collection processes. Diagnostic Testing.	Testing Strategies for Sars-CoV-2 (December 7, 2021). Retrieved 12-8-2021 from https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/sars-cov2-testing-strategies.html

		1. Intended to identify current infection a. Testing patients with symptoms b. Testing patients, both vaccinated and unvaccinated who have been exposed to confirmed or suspected COVID-19 2. Screening a. Identify unvaccinated people who are asymptomatic without known, suspected or reported exposure to COVID-19 b. Examples of use: (1) Workplaces (2) Schools (3) Travel (4) Public Health	
	p. 143, A-3	Change 18- to 24-gauge to 14- to 24-gauge IV needle Remove ChloraPrep change to → chlorhexidine gluconate 2% w/v and isopropyl alcohol 70%	
	p. 143, A-4x, 2nd sentence	Replace with: Capped IV should be flushed using a push-pause technique (Yan et al, 2021) with 10 to 20 mL normal saline or other solution as ordered, before and after medication administration…. (Goossens, 2015). **<u>Outdated References</u>** **Replaced references:** Barry, M.J., Fowler, F.J. O'Leary, M.P., Bruskewitz, R.C., Holtgrewe, H.L., Mebust, W.K. --- Measurement Committee of the American Urological Association. (1992). The American Urological Association Symptom Index for benign prostatic hyperplasia. *Journal of Urology, 197*(S2), S189-S197. → replace with → Lui, G., Andreev, V.P., Helmuth, M.E., Yang, C.C., Lai, H.H., Smith, A.R., Weisman, J.B., Merion, R.M., Bradely, A., Cella, D., Griffith, J., Gore, j., DeLancey, J.O., & Kirkali, Z. (2019). Symptom based clustering of men in the LURN observational cohort study. *Journal of Urology, 2002*(6), 1230-1239. DOI: 10.1097/JU.0000000000000354	

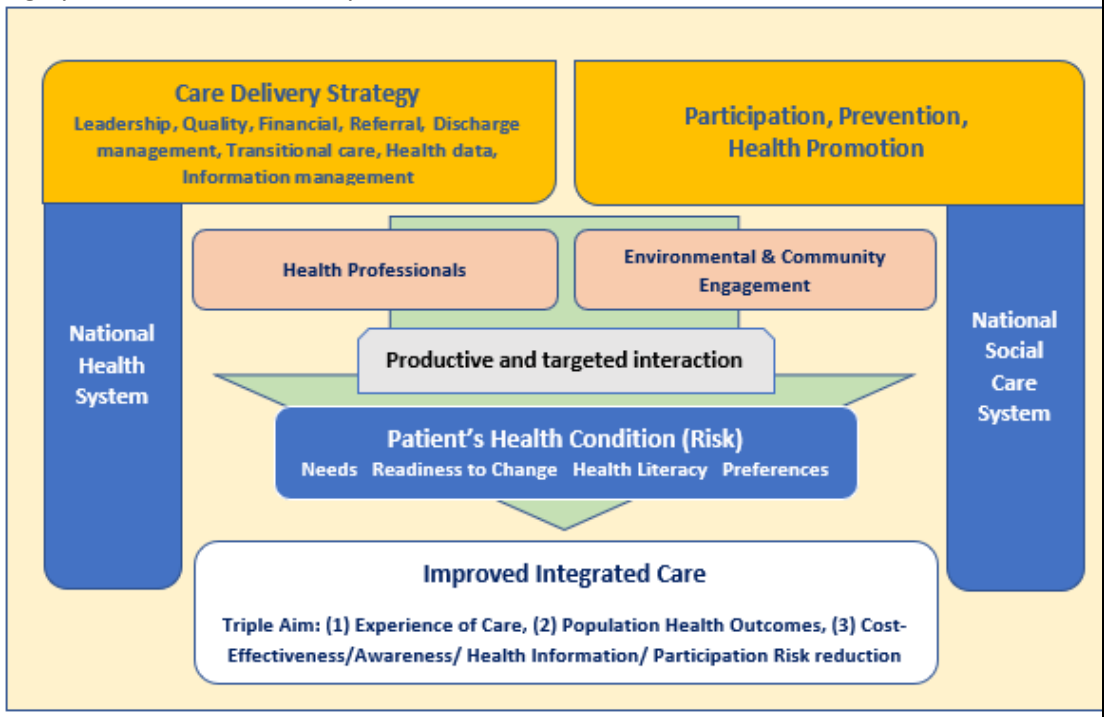
12 – Telehealth Nursing Practice	p. 149, col 2, V-3	"Presence in nursing … and physiological needs: (Hessel, 2009, p. 281). [outdated quote → Replace with → *Nursing consists of both art and science. Nursing presence characterises the art of nursing in which the caring, authentic presence of the human being (a quiet, steady tone; emotional intelligence; inclusiveness in word-choice; physical closeness, eye contact, and therapeutic touch) has a profound effect on healing. This effect is derived from phronesis, a practical wisdom used towards determining ends (Bright, 2015).*	
	p. 149, col 2, V-4c	"the nurse is able to grasp the situation and accurately interpret the caller's concerns" (Greenberg, 2009, p. 2624). [outdated quote → Replace with → Getting to know the patient provides essential assessment cues for interpretation and evaluation of the patient concern and determining the nursing diagnosis.	
	p. 149, col 2, V-5	Knowing the patient with technology→ Remove "*a. MacDonald (2008) states that knowing the patient: "*… (leave bullets 1. and 2. - change to → a. Is an essential tool for clinical judgment, decision making and individualizing care. b. Assists in building a relationship with the patient	
	p. 150, V-5b	Remove – outdated quote Add - V-5-c. *Supports the role of nursing in data gathering for knowing the patient.*	
		<u>Outdated References</u> **Replaced references:** Greenberg, M.E. (2009). A comprehensive model of the process of telephone nursing. *Journal of Advanced Nursing, 65*(12), 2621-2629. doi: 10.111/j.1365-2648.2009.05132.x → Delete and replace with → Rutledge, C. M. , O'Rourke, J. , Mason, A. M. , Chike-Harris, K. , Behnke, L. , Melhado, L. , Downes, L. & Gustin, T. (2021). Telehealth competencies for nursing education and practice. *Nurse Educator, 46* (5), 300-305. doi: 10.1097/NNE.0000000000000988 [AND] Steingass, S.K., & Maloney-Newton, S. (2020).	

		Telephone triage in oncology nursing practice. *Seminars In Oncology Nursing, 36*(3), 151019, 7pp. https://doi.org/10.1016/j.soncn.2020.151019 Greenberg, M.E., Espensen, M., Beker, C., & Cartwright, J. (2003). Telehealth nursing special interest group adopts teleterms. *AAACN ViewPoint, 25(*1), 8-10. → replace with → American Academy of Ambulatory Care Nursing (AAACN). (2018). *Scope and standards of practice for professional telehealth nursing (6th ed)*. T. Anglea, C. Murray, M. Mastal, & S. Clelland (Eds.). Pitman, NJ: AAACN. Ackerman, M.J., Filart , R., Burgess, L.P., Lee, I., & Poropatich, R.K. (2010). Developing next-generation telehealth tools and techniques: Patients, systems and data perspectives. *Telemedicine Journal and E-Health, 16*(1), 93-95. doi:10.1089/tmj2009.0153. → replace with→ Smith, H.S., Criner,A.J., Fehrle, D. Grabianowski, C.L., Jacobs,M.R., & Criner, G.J. (2016). Use of a smartphone/tablet-based bidirectional telemedicine disease management program facilitates early detection and treatment of COPD exacerbation symptoms. *Telemedicine Journal and E-Health, 22*(5): 395–399. doi: 10.1089/tmj.2015.0135	
13 – Patient Education and Counseling	p. 166, col 2, 3c p. 167, col 1, A-1c	Remove text → Health People 2020 outlines health education topics and objectives specific to programs outside of traditional health care settings, including community-based worksites and health care facilities (DHHS, 2017). → change to → Healthy People 2030 objectives have been re-oriented to more accurately link to the needs of the population. There is a greater emphasis on education that aims to improve health behaviors with a goal to improve health communication including technology enhancements for informed decision-making (Ochiai et al., (2021). Health education: → remove quote and citation (Wurzbach, 2004, p. 219)--> change to: *Health education: Part of a global movement for advancing health equity that recognizes the importance of advocating, enabling, and mediating for improved health in all areas.*	Ochiai, E., Kigenyi, T., Sondick, E., Pronk, N., Kleinman, D.V., Blakey, C., Fromknecht, C.Q., Heffernan, M., & Brewer, K.H. (2021). Healthy people 2030 leading health indicators and overall health and well-being measures: opportunities to assess and improve the health and well-being of the nation. *JPHMP: Journal of Public Health Management and Practice, 27*(6 Supp), S235–S241DOI: 10.1097/PHH.0000000000001424

		The growth of sociocultural diversity along with health inequalities between population groups, calls for a sustained, broad-reaching, and coordinated effort to create educational programs that adapt to individual needs (Jongen, McCalman & Bainbridge, 2017).	Jongen, C.S., McCalman, J., & Bainbridge, R.G. (2017). The implementation and evaluation of health promotion services and programs to improve cultural competency: A systematic scoping review. *Frontiers in Public Health, 5*(24), 1-14. Doi: 10.3389/fpubh.2017.00024
	p. 175, col 2, III-3	Health promotion: keep text, change reference to (WHO, 2021).	World Health Organization [WHO]. (2021). *Health promotion.* Retrieved from https://www.who.int/westernpacific/health-topics/health-promotion
	p. 183 References	**Correct the reference dateto:** Miller, C. (**2007)**. *Nurse's Toolbook for Promoting Wellness*. McGraw-Hill Professional.	
		<u>Outdated References</u> **Replaced references:** Bloom, B.S. (1956). Taxonomy of educational objectives, handbook I: The cognitive domain. New York, NK: David Mckay Company, Inc. Replace with → Arievitch, I.M. (2020). Reprint of: The vision of developmental teaching and learning and Bloom's taxonomy of educational objectives. *Learning, Culture and Social Interaction, 25*(100274), 6pp. https://doi.org/10.1016/j.lcsi.2019.01.007 Rolnick, S., Butler, C.C., Kinnersley, P. Gregory, J., & Marsh, B. (2010). Competent novice: Motivational interviewing. *British Medical Journal, 340,* 1242-1245. Replace with → Arkowitz, H., Miller, W.R., & Rolnick, S. (Eds.). (2015). *Motivational interviewing in the treatment of psychological problems (2nd ed.).* NY: Guilford Press.	

		Fishbein, M., & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research.* Reading, MA: Addison-Wesley Publishing Company. [classic; keep as is] Institute of Medicine (IOM). (2004). *Health literacy: A prescription to end confusion.* Washington, DC: The National Academies Press. → Replace with → Ogrodnick, M. M., O'Connor, M., & Feinberg, I. (2021). Health literacy and intercultural competence training. *Health Literacy Research and Practice*, 5(4): e283–e286. Lowenstein, A. Ford-May, L., & Romano, J. (2009). *Teaching strategies for health education and health promotion: Working with patients, families, and communities* (pp. 129-139). Boston, MA: Jones & Bartlett Publishers. → Replace with → Peate, I., Wild, K., & Nair, M. (Eds.). (2014). *Nursing practice: Knowledge and care.* John Wiley & Sons, Incorporated. Miller, W.R. (1983). Motivational interviewing with problem drinkers. *Behavioral Psychotherapy, 11,* 147-172. → Replace with → Arkowitz, H., Miller, W.R., & Rolnick, S. (Eds.). (2015). Motivational interviewing in the treatment of psychological problems (2nd ed.). NY: Guilford Press. [AND] Wild, K. (2014). Chapter 3: Health promotion. In I.Peate, K. Wild, M. Nair, *Nursing practice: Knowledge and care* (pp. 50-71). John Wiley & Sons, Incorporated. Redman, B.K. (2007). *The practice of patient education: A case study approach (10th ed.).* St Louis, MO: Mosby, Inc. → Replace with → Paden, M.E., & Molloy, M.A. (2019). Group activity: Application of pediatric developmental stages in planning age-appropriate care. *Nurse Educator, 44* (2), p.115-115. DOI:10.1097/NNE.0000000000000576 U.S. Department of Health and Human Services (DHHS). (2011b). *Health literacy and health outcomes.* Washington, DC: Author. —> Replace with → Rudd, R.E., Oelschlegel, S., Grabeel, K.L., Tester, E., Heidel, E. (2019). *The HLE2 assessment tool. Boston: Harvard T.H. Chan School of Public Health.* Retrieved from https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2019/05/20pril-30-FINAL_The-Health-Literacy-Environment2_Locked.pdf **Added references:** Lacagnia, L. (2018). The Triple Aim plus more. *Communication in Lifestyle Medicine, 13*(1), 42-43. DOI: 10.1177/1559827618806183.	

		Raihan, N., & Cogbum, M. (2021). Stages of change theory. *StatPearls [Internet].* Treasure Island (FL): StatPearls Publishing. Rosengren, D.B. (2017). *Building motivational interviewing skills, second edition: A practitioner workbook.* Guilford Publications. **Removed references:** Baer, J. (2010). *Motivational interviewing in chronic care" A brief overview.* The Hill Group. Commission on Chronic Illness. (1957). *Chronic illness in the United States: Chronic Illness in a large city (Vol. 4).* Cambridge, MA: Harvard University Press. U.S. Department of Health and Human Services (DHHS). (2011a). *Healthy people 2020.* Washington, DC: Author. World Health Organization. (2009). *Milestones in health promotion: Statement from global conferences.* Geneva, Switzerland: Author. Wurzbach, M.E. (2004). *Community health education and promotion: A guide to program design and evaluation (2nd ed.).* Boston, MA: Jones and Bartlett.	
14 – Care Coordination and Transition Management	p. 193, col 1, C	**Updated Information:** The MANAGED CARE Model (MCM) is a care-focused model, intended for use as an orientation framework for the development and implementation of regional care models. The MCM includes seven dimensions: (1) Care Delivery Strategy (2) Participation, Prevention and Health Promotion (3) Health and Social Care System (4) Health Professionals (5) Living Environment and Broad Community Engagement (6) Patients with Diabetes (Risk) (7) Improved Integrated Care	

		The 'Care Delivery Strategy' includes components of leadership, quality, financial, referral/discharge/transitional care and health data/ information management. The Care Delivery Strategy further breaks down into six management sub-dimensions that enable responsible clinical, referral/discharge, information, financial and quality management in highly differentiated health systems.  Figure #. MANAGE CARE Model, adapted from Timpel et al., 2020.	

		Outdated References **Replaced references:** Berwick, D.M., Nolan, T.w., & Whittington, J. (2008). The triple aim: Care , health and cost. *Health Affairs (Millwood), 27*(3)759-769. doi:10.1377/hlthaff.27.3.759 → Replace with → Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. *Annals of Family Medicine, 12*(6), 573-576. doi: 10.1370/afm.1713. Coleman, K., Austin, B.T., Brach, C., & Wagner, E.H. (2009). Evidence on the chronic care model in the new millennium. *Health Affairs (Millwood), 28*(1)759-769. doi:10.1377/hlthaff.28.1.75 → Replace with → Timpel, P., Lang, C., Wens, J., Contel, J.C., & Schwarz, P. E.H. (2020). The MANAGED CARE Model – developing an evidence-based and expert-driven chronic care management model for patients with diabetes. *International Journal of Integrated Care, 20*(2), 2, 1–13. DOI: https://doi.org/10.5334/ijic.4646 Counsell, S.R., Callahan, C.M., Buttar, A.B., Clark, D.O., & Frank, K.I. (2006). Geriatric resources for assessment and care of elders (GRACE): A new model of primary care for low-income seniors. *Journal of the American Geriatric Society, 54*(7), 1163-1141. doi:10.1111/j.1532-5415.2006.00791.x → Replace with → Schubert, C.C., Myers, L. J., Allen, K., & Counsell, S.R. (2016). Implementing geriatric resources for assessment and care of elders team care in Veterans Affairs Medical Center: Lessons learned and effects observed. *Journal of the American Geriatric Society, 64*(7), 1503-1509. doi10.1111/jgs.14179 Institute of Medicine (IOM). (2011). *The future of nursing: Leading the change, advancing health.* Washington, DC: The National Academies Press. – Replace with → National Academies of Sciences, Engineering, and Medicine. 2021. *The future of nursing 2020-2030: Charting a path to achieve health equity*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25982. Wagner, E.H. (1998). Chronic disease management: What will it take to improve care for chronic illness? *Effective Clinical Practice, 1*(1), 3. → Replace with → Timpel, P., Lang, C., Wens, J., Contel, J.C., & Schwarz, P. E.H. (2020). The MANAGED CARE Model – developing an evidence-based and expert-driven chronic care management model for patients with diabetes.	

		International Journal of Integrated Care, 20(2), 2, 1–13. DOI: https://doi.org/10.5334/ijic.4646 [AND] Grover, G., & Joshi, A. (2015). An overview of chronic disease models: A systematic literature review. *Global Journal of Health Science, 7(*2), 222-227.	
15 – Evidence-Based Practice and Performance Improvement	212, Col 1, B 1	1. NDNQI – Press Ganey Solution a. Comprehensive data base for examining relationships between nursing and patient outcomes. b. Ambulatory care indicator list includes i. Falls ii. Hospital readmission rates iii. RN satisfaction c. Additional ambulatory measures under consideration Remove 2 – all information related to CALNOC	NDNQI (2015). Retrieved 12-8-2021 from https://www.health-links.me/web/ndnqi.html
	p. 224, col 1 (4)	New (a) USPSTF recommends screening for colorectal cancer in adults aged 45-49 (Grade B)	Final Recommendation Statement: Colorectal Cancer: Screening (nd), United States Preventive Services Taskforce. Retrieved 12-8-2021, from https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
	227, col 2, 4. New (a)	a. COVID-19 vaccination. Current guidelines changing rapidly. Refer to CDC for most up-to-date information.	Key Things to Know About COVID-19 Vaccines. (November, 21, 2021). Retrieved 12-08-21 from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html
	274 col 2 section title	Acute Viral infections -add COVID-19 to the list	

	275, col 1, insert new paragraph 3	Patients who may be infected with COVID-19 may have a range of symptoms – from asymptomatic to severe life-threatening illness. Common symptoms include fever, chills, cough, fatigue, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, rhinorrhea, nausea, vomiting, diarrhea. "Breakthrough" infections may occur with patients who have been vaccinated. It is important for someone who suspects they are infected to be tested and follow infection prevention principles to prevent spread to other people. Patients who have significant health risks should seek health care professional advice as preventive therapies may help reduce the severity of infection. These therapies are rapidly evolving.	CDC: Symptoms of COVID-19. (February 22, 2021). Retrieved 12-16-2021 from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
	P. 306, col 2, 4. A.	…cross matching and *COVID-19 testing per institutional guidelines*	
	p. 417 at the end of the section	COVID-19 Chronic Care A. Patients with long-term effects from COVID-19 Infection 1. New, recurring or ongoing symptoms 2. May last four or more weeks after initial recovery 3. May occur even if initial infection mild or asymptomatic 4. Many terms used to describe such as long COVID, Post-acute COVID, Long haul COVID 5. Examples of reported symptoms: multi-organ impact, difficulty concentrating, fatigue, malaise, "brain fog", post-exertion malaise, mood swings 6. Research and medical community continuing to study and learn about long-term post-COVID implications	CDC: Post-COVID Conditions: Information for Healthcare Providers. (July 9, 2021). Retrieved 12-16-2021 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-care%2Flate-sequelae.html
			Note newly published AAACN Scope documents